

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

=63-018952

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 10

Primary Registration District No. 3002

Registrar's No. 150

STATE FILE NUMBER 150

FILED JUN 10 1963

1. PLACE OF DEATH

a. COUNTY

Audrain

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR
TOWN Mexico

Length of stay in 1b

1 hour

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR
INSTITUTION Audrain Co. Hospital

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Missouri b. COUNTY Audrain

c. CITY
OR
TOWN Vandalia

Inside Limits

Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)

604 W. Hwy

Reside on Farm

Yes ☒ No ☐

3. NAME OF DECEASED

(Type or print)

First

Middle

Last

Kathryn

H.

Austen

4. DATE

Month

Day

Year

OF DEATH May 22, 1963

5. SEX

Female

6. COLOR OR RACE

White

7. Married ☐ Never Married ☐Widowed ☒ Divorced ☐

8. DATE OF BIRTH

11-21-1884 78

9. AGE (last birthday)

IF UNDER 1 YEAR

Months Days Hours Min.

IF UNDER 24 HR

Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country)

Calloway Co., Mo.

12. CITIZEN OF WHAT COUNTRY

U. S. A.

13a. FATHER'S NAME

Sam Dunham

13b. MOTHER'S MAIDEN NAME

Rachel Davis

14. NAME OF HUSBAND OR WIFE

George Austen

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of)

No

16. SOCIAL SECURITY NO.

33D

17. INFORMANT

John Austen, Old Monroe, Missouri

18. CAUSE OF DEATH (Enter only one cause per PART I: DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Coronary Occlusion

INTERVAL BETWEEN ONSET AND DEATH

3 min.

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

Coronary Stenosis

10 yrs.

DUE TO (c)

Coronary Arteriosclerosis

10 yrs.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?

YES ☐ NO ☒

20a. ACCIDENT

☐

SUICIDE

☐

HOMICIDE

☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from Feb - 1960 to 5-22-63 and last saw her alive on 5-22-63
Death occurred at 8:30 a.m. on the date stated above, and to the best of my knowledge, from the causes stated:

22a. SIGNATURE

(Degree or title)

J. R. Dougherty, D.O.

22b. ADDRESS

Vandalia, Mo.

22c. DATE SIGNED

5-28-63

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

5/24/63

23c. NAME OF CEMETERY OR CREMATORY

Vandalia Cemetery

23d. LOCATION (City, town, or county)

Vandalia, Missouri

24. FUNERAL DIRECTOR

ADDRESS

William B. Carter, Vandalia, Mo.

25. DATE RECD. BY LOCAL REG.

June 3 - 1963

26. REGISTRAR'S SIGNATURE

Blanche Reely

(Licensed Embalmer's Statement on Reverse Side)

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

USE BLACK INK

OR

TYPEWRITER RIBBON

DO

J. R. Dougherty, D.O.

JUN 24 1963

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed William B. Gaten

Licensed Embalmer No. 4169

P. O. Address Andalusia, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.